



Environment & Conservation - Division of Water Pollution Control  
**NOTICE OF INTENT (NOI)**  
for Storm Water Discharges Associated with Industrial Activity under the  
**Tennessee Multi-Sector General Permit**

I. Facility Operator

Legal Name: <i>Quality Sales Robert Bushnell</i>	Status of Operator: 01. ___ Federal 02. ___ State 03. ___ City 04. ___ County 05. <input checked="" type="checkbox"/> Private		
Mailing Address: <i>2015 Hwy 41A N</i>			
City: <i>Shelbyville</i>	State: <i>TN</i>	Zip: <i>37160</i>	Phone: <i>(931) 680 0053</i>
Contact Person: <i>Robert Bushnell</i>	Title or Position: <i>Owner</i>		

II. Facility Identification

Facility Name: <i>Quality Sales</i>	Mailing Address: <i>Same</i>		
Street Address: <i>2015 Hwy 41A N</i>	Contact Person: <i>Robert Bushnell</i>		
City: <i>Shelbyville</i>	State: <i>TN</i>	Zip: <i>37160</i>	Phone: <i>(931) 680 0053</i>

III. Receiving Water and Site Location Information

Storm water from facility enters following stream(s): Give names <i><del>Donkey Creek</del> <del>Donkey Creek</del> <del>Donkey Creek</del> Little Hurricane Creek</i>	
If storm water enters above stream via a municipal storm sewer system, give name of municipality:	
Enter location of facility (center): Latitude: ___ deg. ___ min. ___ sec. Longitude: ___ deg. ___ min. ___ sec.	Area of facility property: <u>7</u> acres ___ sq. feet Area of impervious surfaces: <u>1/2</u> acres ___ sq. feet Attach an 8.5"x11" U.S.G.S. topographical map, a city map, or a county map, identifying the location of this facility.

IV. Industrial Information

*SECTOR M*

SIC codes: List primary as no. 1, 1. <i>5015</i> 2. ___ 3. ___ 4. ___	Activities at facility: Check all that apply. 01. ___ Manufacturing 02. ___ Storage/Distribution 03. ___ Vehicle Storage 04. ___ Trucking Terminal 05. ___ Vehicle Maintenance 06. ___ Hazardous waste TSD 07. ___ Outside waste disposal 08. ___ Recycling 09. ___ Wastewater treatment 10. ___ Land application 11. ___ Landfill 12. ___ Mining operation 13. ___ Coal Pile 99. ___ Other <i>Auto Sales &amp; Parts</i>
Nature of business: <i>Auto Sales &amp; Parts</i>	

Department Use Only

Date NOI Received: <i>NOV 2 2001</i>	NPDES PERMIT No.: <i>TNR05 5951</i>	Field office: <i>CLEAR</i>
	Postmark: <i>11/1/01</i>	Reviewer:

**V. Change of Operator**

If this facility has been covered under the TN Multi-Sector General Permit (TMSP) under a different operator, and this application is being submitted because you are a new operator of the facility, indicate yes, and provide the former operator's name and permit number. ☐ Yes ☐ No

Former operator's name and permit number, if applicable: \_\_\_\_\_ No.: **TNR05**

**VI. Permit Coverage and Monitoring Information**

Is this NOI being submitted for a facility previously covered under the

Tennessee baseline storm water general permit? ☐ Yes ☐ No If so, give the permit number: **TNR00**

Does the facility currently maintain any other NPDES permit? ☐ Yes ☐ No If so, list permit numbers: \_\_\_\_\_

Under the TMSP, will this facility be required to conduct chemical monitoring of storm water discharges? ☐ Yes ☐ No ☐ Unsure  
If yes, indicate type of monitoring required by placing number (1, 2, or 3) in blank (see Instruction VI): \_\_\_\_\_

**VII. Certification and Signature (must be signed by president, vice president, or ranking elected official)**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the site, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Robert Bushnell

Printed Name

Robert Bushnell

Signature

Owner

Official Title

10-31-01

Date

**Instructions**

I. Facility Operator: Provide the name of the person, firm, organization or other entity which operates the subject facility. This may or may not be the same name as the facility itself. The operator is the legal entity which controls the facility's operation, rather than the plant or site manager. Do not use a colloquial name. Provide the name, title and phone number of the person who is thoroughly familiar with the operation of the facility and with the facts reported in this NOI and who can be contacted by the State's reviewing office if necessary. Check appropriate place to indicate the legal status of the operator.

II. Facility Identification: Enter the facility's official or legal name. Do not use a colloquial name. Also provide the address or location of the facility. This is intended to give the physical location of the facility and may not be the same as the mailing address of the facility. Provide also the name and telephone of a contact person at the facility who can be contacted by the State's reviewing office if necessary.

III. Receiving Water and Site Location Information: Give the name of the stream or streams to which the facility's storm water drains. If the runoff reaches the stream via a municipally-owned storm drain system, give the name of the municipality.

Provide the longitude and latitude of the center of the facility. Also provide the areas, in acres or square feet, of the facility property. Determine and also provide the area that is impervious. Typically this includes pavement, buildings and surface water impoundments. Attach an 8.5" by 11" U.S.G.S. topographical map, a city map, or county map identifying the location of the facility.

IV. Industrial information: Give the Standard Industrial Classification (SIC) code(s) for the facility. List the primary code first. The SIC manual is published by the U.S. office of Management and Budget. Describe briefly the nature of the business at this facility, using keywords is helpful. Indicate what activities occur at the facility by checking the appropriate places.

V. Change of Operator: Indicate if you are submitting this NOI because you are the new operator of a facility that has been permitted under the Tennessee Multi-Sector General Permit. Provide the former operator's name and the permit number. Permit number format is TNR05 \_\_\_\_\_.

VI. Permit Coverage and Monitoring Information: Indicate whether this facility is or was covered under the Tennessee baseline general permit for industrial storm water. If so, give the permit number. Indicate if this facility currently operates under any other NPDES permit(s) and provide the permit number(s): for instance, an individual NPDES for process wastewater, washwater, cooling water, etc. An individual permit format is TN00 \_\_\_\_\_.

The Tennessee Storm Water Multi-Sector General Permit requires certain industries to perform chemical monitoring of storm water discharges. See the permit for details. Indicate the monitoring status by entering one of the following: 1 = Subject to chemical monitoring requirements; 2 = Subject to chemical monitoring requirements but submitting certification for monitoring exclusion; 3 = Subject to monitoring requirements and to effluent limits.

VII. Certification: Read the certification language carefully and print your name and official title, then sign and date the form. Make all entries in ink, not with markers or pencil. This NOI must be signed by a corporate president, vice president, or equivalent, or a ranking official for a public entity, a partner for a partnership, or the sole proprietor for a sole proprietorship.

Submit the original and one copy of the completed and signed form to: Storm Water NOI Processing, Tennessee Division of Water Pollution Control, 6<sup>th</sup> Floor L & C Annex, 401 Church Street, Nashville, Tennessee 37243-1534.



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City: <u>Shelbyville</u>	05. <input checked="" type="checkbox"/> Private		
Contact Person: <u>Robert Bushnell</u>	State: <u>TN</u>	Zip: <u>37160</u>	Phone: <u>931 680 0053</u>
Title or Position: <u>Owner</u>			

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Latitude: <u>      </u> deg. <u>      </u> min. <u>      </u> sec.	Area of impervious surfaces: <u>1.2</u> acres <u>      </u> sq. feet
Longitude: <u>      </u> deg. <u>      </u> min. <u>      </u> sec.	Attach an 8.5"x11" U.S.G.S. topographical map, a city map, or a county map, identifying the location of this facility.

IV. Industrial Information

SIC codes: List primary as no. 1, 1. <u>      </u> 2. <u>      </u> 3. <u>      </u> 4. <u>      </u>	Activities at facility: Check all that apply.
Nature of business: <u>Auto Sales + Parts</u>	01. <input type="checkbox"/> Manufacturing 02. <input type="checkbox"/> Storage/Distribution 03. <input type="checkbox"/> Vehicle Storage 04. <input type="checkbox"/> Trucking Terminal 05. <input type="checkbox"/> Vehicle Maintenance 06. <input type="checkbox"/> Hazardous waste TSD 07. <input type="checkbox"/> Outside waste disposal 08. <input type="checkbox"/> Recycling 09. <input type="checkbox"/> Wastewater treatment 10. <input type="checkbox"/> Land application 11. <input type="checkbox"/> Landfill 12. <input type="checkbox"/> Mining operation 13. <input type="checkbox"/> Coal Pile 99. <input type="checkbox"/> Other <u>Auto Sales + Parts</u>

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